



For Mother and Child: Hadassah in the Holy Land, 1913 through 1993

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Hadassah's Heritage

The two-campus medical center of the Hadassah Medical Organization today provides inpatient and ambulatory services in general medicine and dentistry to the Jerusalem population as well as to patients referred from throughout Israel. Hadassah has preventive care and emergency units, day care and day hospitalization, a hospice for the terminally ill, a national lithotripsy center, a national skin depository, and a national bone bank. It is Israel's leading cancer research and treatment center, a world center for bone marrow transplantation, as well as the only hospital in Israel currently permitted to perform human heart transplants. It has acquired international standing in cardiac surgery for infants, ophthalmology, treatment of burns, and rehabilitation care. Hadassah provides community and family treatment through neighborhood and outreach health centers. It has 91 outpatient clinics handling some 300,000 annual patient visits, and the two emergency rooms care for an additional 100,000 people. More than 50,000 people are hospitalized each year in Hadassah's medical and surgical departments, and its dental clinics record an annual 100,000 patient visits. In all, Hadassah treats more than 600,000 people a year in its two hospitals and community medical centers. These achievements have their roots in a fascinating combination of American social history and modern public health reform. The practical work began in

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1913 when Hadassah, the Women's Zionist Organization of America, sent two nurses to impoverished Jerusalem to provide maternity care and dispense treatment to children with trachoma.

At the beginning of the twentieth century, Palestine was a backward, neglected province within the Ottoman Empire. In 1909 when the Baltimore-born Henrietta Szold visited the country there was not the slightest semblance of a modern sanitary system. Instead, what she encountered was an abundance of disease, debilitation, and the conditions that produced them. Malaria was endemic, and mosquito breeding sites were abundant. Outbreaks of typhoid and cholera occurred frequently, and trachoma, a contagious eye disease that often led to blindness, seemed to be everywhere. In Jerusalem Szold saw drinking water, collected during the rainy season in unimaginably dirty cisterns, peddled through the streets in goatskin bladders. In the city's marketplace, piles of decaying garbage were stacked near food to be sold. Flies and filth were everywhere. Blind beggars, many of them children, seemed to inhabit every town. Unemployment, poverty, squalor, malnutrition, and unsanitary homes were omnipresent. The four hospitals in Jerusalem that were under Jewish auspices lacked the most basic medical equipment and none of them possessed a maternity ward. For the Jewish poor it was often a matter of bearing children on heaps of rags in a basement, or in a missionary hospital where the price of the service might be conversion. Palestine lacked the most basic public health measures and its people seemed to have no fundamental knowledge about personal hygiene.

At the time of her visit Henrietta Szold was 49 years old, unmarried, educated and intellectually vigorous, steeped in Jewish history, and a believer in Zionism. To a remarkable degree, she was imbued with traits characteristic of "Progressivism," the term given by historians to the early twentieth century American reform movement. Conditions in the Holy Land had a strong impact on Szold, and on returning to the United States she organized a women's group to undertake practical work in Palestine. Within 3 years, in 1912, a national organization had been established. The New York chapter named itself Hadassah, and the name was adopted by the

national organization in 1914. Victor Brenner, designer of the American Lincoln penny, also designed the Hadassah seal, which included the organization's Hebrew motto, *aruhat bat ami* ("The Healing of my People"), taken from the Book of Jeremiah. It was the field of public health that attracted Henrietta Szold and Hadassah; and to understand the mission on which Szold embarked, the goals and standards to which she aspired, and the methods she wanted to utilize, it is important to know something of her immediate social environment.

Progressivism was an all-embracing intermingling of reform currents emphasizing such values as optimism, faith in progress, concern for the underprivileged, and education as an instrument for improving man and his environment. In the decade before the founding of Hadassah, this energetic, humanitarian impulse had produced an impressive array of achievements in public health, and particularly in maternal and child health care in many countries. Within a few years Szold had witnessed such public health innovations as the introduction of special nurses to visit sick babies in New York's tenement district (1902); compulsory medical inspections in all public schools in Massachusetts (1906); the establishment of the New York City Division of Child Hygiene, the first municipal agency of this kind in the country (1909); the movement to establish a national department of public health (1906 to 1912); the organization of the American Association for the Study and Prevention of Infant Mortality (1909); and the creation by the federal government of a U.S. Children's Bureau (1912). Henrietta Szold wanted to transfer the essence of the concepts and practices of progressive American public health and preventive medicine to Palestine.

Origins

By the end of 1912 the American Daughters of Zion, as Hadassah's national organization was originally named, was ready to embark on its first project: a settlement of visiting nurses in Jerusalem. Szold had been encouraged to pursue this by Dr. Harry Friedenwald, the Baltimore ophthalmologist and her long-time

friend. It was a challenge that the fledgling group daringly accepted, especially because it did not have sufficient funds for the project. It was Nathan Straus, the New York philanthropist, and his wife who made Hadassah's first successful project in the Holy Land possible.

No one personified the progressive spirit in public health more than Nathan Straus. He was a pioneer in the crusade to reduce infant mortality, and in 1893 he opened the first infant milk depot in New York City to distribute modified, pasteurized milk to the poor for a nominal cost—and if necessary, free of charge. For the next two decades, while physicians and professionals debated and argued over the milk problem, Straus was the leading advocate of milk pasteurization. In 1912, when Nathan and Lina Straus visited Palestine, they established a health department in Jerusalem, set up a soup kitchen that fed as many as 300 people daily without charge, and established a workroom to employ unskilled labor. In January 1913, when the Strauses again sailed for the Orient they took with them two trained nurses, Rose Kaplan and Rachel Landy, as well as Eva Leon, a Hadassah member. The nurses were lodged in a small stone house in the Mea Shearim section of Jerusalem, the rent having been paid by Nathan Straus and the house interior fitted out for the nurses as a gift from Lena Straus. Outside their building a sign, in Hebrew and English, read, "American Daughters of Zion, Nurses Settlement, Hadassah."

This was the modest beginning of Hadassah's public health work in the Holy Land. Nurses Kaplan and Landy soon established a midwives' service, provided general district nursing at the Settlement as well as in other parts of the city, and checked on the general health of schoolchildren, particularly their eyes. For the most part, Kaplan and Landy devoted themselves to the needs of women and children, organizing their assistant midwives along the lines laid down by the State Legislature in New York, and made effective through the activity of the Nurses' Settlement and the Russell Sage Foundation. These efforts were not always understood by the local populace, or even appreciated by the European-trained physicians unfamiliar with this kind of nursing service.

Nevertheless, Kaplan and Landy overcame these problems and their efforts were successful.

The outbreak of World War I halted the work of the Hadassah nurses, and by 1915 Landy and Kaplan had returned to the United States. Before leaving Jerusalem, however, Landy made arrangements for the trachoma work to be continued under the supervision of Dr. Albert Ticho and the maternity work under Dr. Helena Kagan, a woman physician who had come to Palestine from Switzerland in 1914 and joined the nurses' settlement. In addition, Dr. Kagan urged Hadassah to establish a small polyclinic for the women and children of Jerusalem, and offered her services. The Hadassah organization approved the project and the Hadassah Polyclinic for Women and Children began operation in January 1916, and Dr. Kagan started a small nurses training school associated with the polyclinic.

The leap from Hadassah's original, single nursing project to its sustained, wide-ranging efforts leading to a network of related public health and curative programs including maternal and child health care was a result of the devastating effect of World War I on the country. The dwindling Jewish population, which had decreased from about 90,000 to 55,000 in the disintegrating Ottoman province, seemed to be abandoned because of: the lack of physicians (doctors having returned to their European homelands or conscripted into the Turkish army); the shortage of medicines; the growing presence of endemic and epidemic diseases and the collapse of almost all sanitary order; the shortage of funds within the Yishuv (the Jewish community in Palestine), because the transfer of monies from Western countries had virtually ceased and the charitable contributions from Jewish communities in Eastern Europe had stopped entirely; a shortage of food, with malnutrition and even starvation common; and, after the 1917 Balfour Declaration, the Turkish government's increasing anti-Zionism.

When the World Zionist Organization issued an urgent appeal for a medical force to be sent to Palestine in June 1916, Hadassah was asked to plan and supervise the operation. Under Henrietta Szold's direction, and with the aid of a Medical Advisory Board (Drs. Harry

Friedenwald, Isaac A. Abt, Isaac Adler, Emanuel Libman, Milton J. Rosenau, and Lillian Wald), the complex project of personnel and material was organized and prepared for implementation. Two years later, on June 11, 1918, the American Zionist Medical Unit, consisting of 45 members, sailed from New York. As it had done with its initial nursing project, Hadassah viewed the Unit's work in Palestine not as an isolated medical relief expedition, but as the beginning of a public health system essential for a viability of the community. The objectives of the American Zionist Medical Unit were conceived in as broad a public health context as possible, including not only the use of preventive and sanitary measures, but the curative elements, such as clinics and hospitals, as well.

The Unit lost no time in starting its work, and by June 1919 it had established three hospitals (Jerusalem, Jaffa, Safed) and six outpatient clinics (Jerusalem, Jaffa, Tiberias, Haifa, Safed, Hebron), it had organized three bacteriological laboratories (Jerusalem, Jaffa, Safed), and it had set up a training school for nurses in Jerusalem. The Unit also supplied nurses to other hospitals for various periods, sent nurses and dentists to orphanages, and made its laboratories accessible to local medical institutions and physicians. In addition, sanitation inspection teams were organized for Jerusalem, Jaffa, Haifa, Tiberias, and Safed. These early, and to a large extent, emergency, contributions of the American Zionist Medical Unit had a significant impact on the health and welfare of the Jewish community as well as on some other sectors of the population. As the work of the Unit became increasingly interwoven with the fabric of the Yishuv, child health programs, in particular, became more clearly defined and increased in number. After 1921 the Unit was known as the Hadassah Medical Organization.

Early Work

By autumn 1919, a program treating schoolchildren who suffered from skin diseases and eye problems, principally trachoma, had been normalized with the creation of a Department of School Hygiene. Begun in Jerusalem, by 1920 the program extended to Tel Aviv and Haifa, and soon after to Jewish settlements through-

out Palestine. The need for these services can be readily surmised from a memorandum Hadassah submitted to the British Royal Commission.

Conditions among the school children in 1919–1920 called for intensive treatment. Thirty-four percent were suffering from eye diseases; sixty-eight percent from ring worm of the scalp; enlarged spleens due to malaria were common not only among the children in the rural settlements but in the towns as well. (Miller 1968:7)

The major functions of the Department of School Hygiene were physical examinations, general health supervision, and health education of children. These procedures were conducted in their homes, at times even before they reached school age. Throughout the school term nurses made routine checks of the pupils in the schools. Special classes for children with serious health problems were founded with the aid of the department in Jerusalem, Tel Aviv, and Haifa, and guidance clinics for those with milder disturbances were opened in Jerusalem and Tel Aviv. In Tel Aviv and Petach Tikvah the department helped to organize special classes for retarded children. By 1933, the department was supervising health care for 30,000 children and by 1935 the number of children receiving some form of medical treatment had increased to 41,774 in 376 educational institutions throughout the country.

Another early project relating to child health was the establishment of infant welfare stations. This program began in December 1920 with the formation of a milk station—*Tipat Halav* or “Drop of milk”—that supplied milk to poor children in Jerusalem. In July 1921, when a second milk kitchen was established, the two stations had already become part of more elaborate infant welfare centers which included health programs instructing mothers how to care for children; it was a pattern that had been established earlier in the United States. The *Tipat Halav* sections of the centers were administered by Hadassah graduate nurses, who inspected the milk for safety and also provided formulas for individual children. These

infant welfare stations became increasingly popular, and new mothers were encouraged to visit them regularly to receive instructions on infant care by doctors or Hadassah nurses. The infants were weighed and examined, safe milk for feeding was distributed to the parents, and a friendly, educational atmosphere prevailed which made the mothers feel welcome. Nurses usually visited the homes of the children after the child's first visit to the welfare station. By 1927 the program had expanded so considerably that *The New Palestine* (September 16, 1927) reported:

More than 2,700 babies were treated in June of 1927 at the fifteen infant welfare stations maintained by Hadassah in Palestine, and about 6,700 visits were made to the health welfare clinics by mothers. The report made by Miss Bertha Landsman, chief nurse of the Hadassah Health Welfare Department, states further that 1,440 mothers were given pre-natal and post-natal care during the same month.

By 1935 more than 20 stations had been established, more than 25,000 children had been treated, and Hadassah nurses had made 67,500 visits to homes. The most revealing statistic reflecting this work was the fact that the infant mortality rate in the Jewish population declined approximately 50% between 1923 and 1935, from 126 to 64 per thousand births.

Yet another program of Hadassah was initiated—one on the surface having a nonmedical character, but in reality inseparable from child health concerns. In June 1922 before departing for Palestine, Dr. Maurice H. Harris of New York City was given fifty dollars by the children of his synagogue to be used for the benefit of poor children in Palestine. When Dr. Harris reached the Holy Land he gave the money to Henrietta Szold who used the funds to supply lunches for needy schoolchildren in Jerusalem. Miss Szold thought this should be a permanent program. When Dr. Harris conveyed this information to the Hadassah National Board, a "Palestine Penny Luncheons Fund Committee" was established with Dr. Harris as a member. By mid-1924 work had proceeded to the point

at which the National Board requested Hadassah chapters to establish local Penny Luncheon Fund Committees, and by August 1925 the total funds collected for this program amounted to almost 9000 dollars. As one result of these efforts, more than 200 children in the Girls' School in Jerusalem were assured of a hot lunch daily.

The school lunch program was advanced another step in 1926 when it was linked to the field of education. Hadassah employed special teachers who prepared meals and trained the older children in the basics of "domestic science." Participation of the school-children was considered a primary objective of the program, which included the preparation of meals, balancing menus, and sanitation in the kitchen. By 1927 six schools in Palestine offered domestic science courses: three in Jerusalem and one each in Tiberias, Haifa, and Safed. From July 1929 to July 1930, for example, 10,269 children were fed 179,399 meals in 10 elementary schools, 2 seminaries, and 15 kindergartens.

The educational aspects of the school lunch program were considered an important component of this service. Hadassah had always regarded itself as an organization concerned with education, whether it was Zionism in the United States or health care in Palestine. Furthermore, it should be stressed that in the United States after World War I, the campaign against infant mortality having already achieved significant results, public health and social workers turned to the field of education to teach the benefits of proper personal hygiene, good nutrition, and a clean home environment.

One of Henrietta Szold's remarkable attributes was that she always had her finger on the pulse of the times and took advantage of every opportunity, no matter how minor, to further the public health mission of Hadassah. By 1936 infant welfare work and school luncheon projects in Palestine had advanced far enough so that Hadassah, at its annual meeting, adopted the following resolution to better coordinate these activities.

Whereas the Infant Welfare and School Luncheons projects of Hadassah in Palestine present an underlying unity

of scope and continuity of development and together contribute immeasurably to the welfare of the Yishuv. . . Be it resolved that Hadassah. . . combine for its American constituency the heretofore separate Infant Welfare and School Luncheon projects into one inclusive Child Welfare program. . . (*Hadassah Newsletter*, November 1936)

Focus on Jerusalem

Toward the end of the 1920s the administration of Hadassah's operations in the Holy Land underwent a major change. The changes were initiated largely because of financial problems, but the growth and development of the Jewish community within Palestine undoubtedly were also an important factors. Hadassah's devolutionary program called for the transfer of its curative institutions throughout the country—with the exception of Jerusalem—to the organized Yishuv and for the further improvement of Hadassah's preventive activities to prepare them also for transfer to the communities. This process, to be conducted gradually, would free Hadassah's energy and resources for the major task the organization had set for itself: the building of a medical center on Jerusalem's Mount Scopus.

One cannot overestimate the value of education in the area of preventive medicine within the field of public health. The great influence of education on maternal and child health had already been shown in the United States and by Hadassah's previous work in Palestine. No individual was more persuaded of its importance than Nathan Straus whose milk pasteurization and infant mortality campaigns in New York and other American cities had proved so successful. In fact, during the 1920s health education became a major medium for preventive medicine in the United States, and was utilized extensively not only by government agencies but also by commercial life insurance companies.

In 1924 when Nathan Straus made his fourth trip to Palestine he conveyed to Henrietta Szold the idea of establishing an institution dedicated to preventive medicine and emphasizing health educa-

tion. It took little time for Szold and Straus to reach agreement on the project, and in December 1926 Hadassah and the American philanthropist signed a contract for the construction of a Nathan and Lina Straus Health Center in Jerusalem, which would be operated by Hadassah through a committee appointed by the organization's National Board. Its purpose would be primarily "to teach . . . people how to keep themselves in health and to provide them with the opportunity for detecting disease." In March 1927, in his 80th year, Nathan Straus made his final visit to Jerusalem and laid the cornerstone for the structure. Two years later the \$250,000 building was opened, and according to *The New Palestine*: (May 10, 1929)

The Center is completely equipped along the most modern and scientific lines and is so arranged as to permit the development of infant welfare work and medical preventive activities of the finest sort. Its numerous departments cover all phases of the care of children, with advice and lectures to mothers on the best methods to bring up their children with direct attention to the prenatal stage. It will also be the center of a large pasteurization plant for the distribution of pure milk.

The building itself is architecturally beautiful and is already one of the landmarks in Jerusalem. It is doubtless the finest Jewish institution in Palestine and the country thus reaches standards corresponding even to those in America.

Within a few years the benevolent New York philanthropist had built a second public health center, in Tel Aviv, costing 75,000 dollars; the Straus Health Center opened in June 1931 and in October 1936 it was transferred to the Tel Aviv municipality.

The Nathan and Lina Straus building in Jerusalem would serve as the Center for the Hadassah Medical Organization's programs in preventive medicine for decades to come: indeed, the landmark edifice is still used today. In 1930, Dr. Israel J. Kligler, who had been with the Rockefeller Institute for Medical Research in New

York and went to Palestine in 1921 to combat its number one killer, malaria, was appointed director of the Center. Shortly thereafter the first milk pasteurization plant in Palestine was installed in the Center.

By 1936 the activities of the Straus Center, emphasizing child health care and health education, included the following sections: a Prenatal and Infant Welfare Department, the Department of School Hygiene; a Child Adjustment Clinic; the Department of Dental Hygiene, which contained a Dental Hygiene Clinic for systematic care for children; a Prenatal Clinic; and the Wachtel and Sofer clinics geared to general health care and emergency work. There was also a Department of Physical Hygiene that did a lot of work with schoolchildren: a Department of Nutrition: a Department of Health Education: and an Adult Health Examination Clinic and an Anti-Tuberculosis Clinic. Two so-called "welfare agencies" were also located at the Center: the Pasteurization Plant and a Day Nursery which was closely associated with the Infant Welfare Station located in the building. All in all, the Nathan and Lina Straus Health Center operated by Hadassah was a model 1930s public health institution.

For Hadassah, providing adequate health care for mother and child was considered a basic and essential function for a growing, healthy population in Palestine. Its infant welfare stations, therefore, were looked on as most important projects; and even during the gradual transfer of its curative and public health institutions and services to the government and municipalities, Hadassah expanded its welfare stations. Thus, by 1936 Hadassah was operating 19 stations throughout Palestine, in 1946 the number had increased to 49, and by 1948 it had increased to 60. All people were welcome at all centers, and two centers had been opened in predominately Arab neighborhoods, although Hadassah's special mission was to aid the Jewish communities and settlers in need of health care. In Jerusalem alone, for example, in the late 1930s and 1940s 85% of the Jewish infants were brought to the stations.

There had always been close contact between Hadassah's maternal-child health work and its clinics and hospitals; it was, after all;

one unified administrative unit. After the transfer of facilities outside Jerusalem to the government and to municipalities. Hadassah made special arrangements whereby expectant mothers were admitted to their obstetric wards, as bed capacity permitted. By the 1930s, the outstanding success of Hadassah's sanitary and emergency health measures, together with a developing Jewish community that was benefitting from the new public health, caused the thin line that often distinguishes preventive from curative health services to fade even more.

Without doubt, Hadassah had been the singular most important medical and public health organization in Palestine in the 1920s. Having created the basic public health infrastructure for the Yishuv, Hadassah, an American women's volunteer organization, set its sight on a new goal. And no single accomplishment in Palestine produced more pride for the organization's 80,000 members than the opening of its new modern hospital on Jerusalem's Mount Scopus in May 1939. The Rothschild-Hadassah-University Hospital—probably the finest in the entire Middle East—would soon include the Hadassah nursing school, and was the only teaching hospital in the region. Happily, the first admission to the new institution was a maternity case; in fact, two babies were born on the first day.

More than two decades of prenatal and postnatal care for mothers, health supervision of infants and pre-school-aged children, and follow-up care through home visits of mother and child by trained Hadassah nurses produced some remarkable results in Palestine. In 1922 the death rate among Jewish infants was 144 per 1000 live births, by 1930 it had declined to 70, by 1944 to 36, and by 1948 to 26.3. The Kupat Holim (the Labor Union Health Fund) and the Tel Aviv municipality were also operating infant welfare stations in the 1930s and 1940s, but in 1948, the year the State of Israel was born, Hadassah was still the leader.

New State, New Problems

A tragedy occurred on April 13, 1948, about a month before the State of Israel was proclaimed, when a Hadassah medical convoy

transporting doctors, nurses, and patients from Jerusalem to the Mount Scopus hospital was ambushed by Arab gunmen. As a result of the ensuing 7-hour onslaught—during which no British police or military, although aware of the incident, intervened and no Jewish militia was present to help—78 persons were killed, including Dr. Haim Yassky, the director-general of the Hadassah Medical Organization; Dr. Leonid Doljansky, Head of the Hebrew University Cancer Institute; and Dr. Moshe Ben-David, the well-known medical educator. Soon after this terrible event, amid the fury of Israel's War of Independence, the Mount Scopus hospital had to be evacuated and, for all practical purposes, was lost. Only after the Six-Day War in 1967, when Jerusalem was reunited, would the hospital again become functional.

The loss of its 10-year-old medical center forced Hadassah to operate its curative services, including obstetrics, maternity, and pediatrics, from seven makeshift buildings on the Street of the Prophets in downtown Jerusalem. Succeeding Dr. Yassky as director was Dr. Eli Davis, who headed Hadassah during three of the most difficult years of its history, from 1948 to 1951. Then in 1951 Dr. Kalman J. Mann became director-general, and during his 30-year term in office he built and developed the basic structures of service, teaching, and research that would guide Hadassah in the mid-twentieth century. After Dr. Mann's retirement, in 1981, Dr. Samuel Penchas became the director-general.

Almost immediately after the State of Israel was established, public health problems of immense proportions, many affecting children and mothers, were encountered. Waves of Jewish immigrants from Arab countries came to Israel and with them came diseases to which they had been accustomed for too long. One example of Hadassah's work relating to these situations was the plight of the Yemenite Jews.

In 1949 the government initiated Operation Magic Carpet, an airlift of about 45,000 Jews from Yemen to the Land of Israel. By the end of 1952, one quarter of a million people who had arrived from Moslem countries in Asia and North Africa and from the post-World War II European internment camps were living in tents and shanty

towns throughout the country. One of the largest of these centers, for Yemenite immigrants, had been set up a few kilometers east of Tel Aviv, at Rosh Haayin. It was here, in 1950, that Hadassah established a children's hospital in an abandoned army camp.

The physicians in charge of this hospital were Hadassah pediatricians, Dr. Yehuda Mattot and Dr. Zvi Shamir. Dr. Shamir remembered the scene vividly.

We were dealing with terribly ill children. Almost everyone who came to the hospital suffered badly from malnutrition and acute intestinal infection. On the way from Yemen to Aden they contracted a severe type of malaria, and these people had no natural immunity. The youngsters needed care twenty-four hours a day. At the beginning the staff was enthusiastic; they were accustomed to dealing with sick children. But these youngsters were more dead than alive and after making the round each evening we found many dead in their beds. They died like flies. They had reached the point of no return. We soon became very depressed. . .

The rats from a nearby stream crawled over us at night. The summers were unbearable. The heat and the lack of proper water facilities made work impossible. Diapers had to be washed by hand. Nurses covered the huts with sheets and poured water over them in an attempt to cool the huts which were like steaming ovens. (Levin 1973:232–233)

Dr. Kalman Mann, Hadassah's deputy director at this time, recalled (personal interview, October 14, 1990):

I tried to get to Rosh Haayin at least one afternoon a week. I sat together with the doctors and nurses and we tried to solve some of the problems. Frequently I had a van: when I did, I packed it with seven overworked nurses and in the evening I drove them to Tel Aviv to see a movie. They were incredibly devoted and worked very hard.

Afterwards, we would return to Rosh Haayin, I would sleep there, and the next morning I would return to Jerusalem.

I recall one day when I visited the hospital and while I made rounds with Dr. Shamir, he started to cry. Then he said, "Do you know that half of these kids are going to die. I feel terrible—there is nothing I can do, my knowledge is inadequate." I replied: "What can one do? Many of them have tuberculosis, everyone has malaria, everyone of them has typhoid, many of them will get meningitis and they die. It's not your fault. We are treating them and feeding them the best we can, there is nothing else we can do." It was a difficult emotional atmosphere that came with the hospital and its young patients.

In due course, the Hadassah physicians acquired more knowledge on how to treat young children in such a poor state of health. For example, postmortem examinations taught them that many of the youngsters were so malnourished that the large quantities of intravenous fluids routinely given could not be pumped by the heart or absorbed by the tissues of their exhausted bodies. The amounts of fluids were reduced accordingly. Furthermore, as the staff acquired more antibiotics, the mortality rate declined—the initial death rate of about 50% had been reduced to 5% by the time the children's hospital was closed in 1953.

Hadassah's emergency measures necessitated by the great influx of immigrants were soon augmented by a pioneering, comprehensive program that emphasized maternal and child health services. In October 1951, soon after being appointed director-general of Hadassah, Dr. Mann presented his Kiryat Hayovel plan at the annual Hadassah convention in New York. It was a concept that focused on both the individual and the family, on personal health and environmental health, incorporated the medical and social aspects of health care, and considered the physical and the psychological. It was comprehensive and it integrated the promotion of health, healing, and the prevention of disease into an organic whole under the care of the family physician supported by family nurses.

Less than a year later, in August 1952, there was a series of discussions in Jerusalem between, among others, Dr. Mann and Dr. Sidney L. Kark, of the Institute of Family and Community Health in Durban, South Africa, and a pioneer in the practice of community-oriented primary health care. It was from these meetings that the early basic elements for the operation of the proposed Kiryat Hayovel Health Center developed.

Kiryat Hayovel, formerly known as Beit Mazmil, is a Jerusalem neighborhood about 7 km west from the central shopping area of the city. This area had been designated by the government to house new immigrants, and by April 1951 the first 12 families had moved into their homes. It was an ethnically mixed neighborhood: most of the Jewish families were from Arab countries in North Africa and the Middle East, but there were also elderly people from Eastern and Central Europe. Here was a population that was indeed complex with regard to their cultural, social, and medical characteristics and problems, and this was where Hadassah decided to build its family and community health center, the first family health department in Israel.

In January 1953, after taking over an entire building and remodeling the structure for its purposes, the Hadassah Family and Community Health Center was opened; the present Health Center, near the original building, was opened in 1956. The institution accepted responsibility for the health of the infant, the child, and mother—for all individuals, the family, and the whole community. At the same time, it is important to note, Hadassah also had the responsibility for all maternal and child health and school health services in the entire Jerusalem region.

In 1954 Dr. Kark was appointed Visiting Professor at the Hebrew University-Hadassah Medical School and headed a social medicine project whose goal was the development of both a theoretical and organizational framework for teaching the principles of social medicine and public health. This program would train professionals (physicians, nurses, social workers, and others) to practice public health and community medicine in Israel. At the conclusion of this project, a joint Department of Social Medicine was established in

1962 by the Hadassah Medical Organization and the Hebrew University-Hadassah Medical School. It amalgamated the existing Department of Social Medicine of the Medical School (established in 1949) with the Department of Community Health Services of the Hadassah Medical Organization. The Kiryat Hayovel Health Center was central to this joint endeavor and since then has provided a service base for the academic activities of the Department and later the School of Public Health and Community Medicine. This service combined primary health care and public health practice in a defined neighborhood community and has come to be known as Community-Oriented Primary Care.

On October 1, 1963 an “era” came to an end. After operating mother and child welfare stations and school health services for more than 40 years—initially throughout Palestine, then Israel, and afterward only in the Jerusalem area—Hadassah transferred its Department of School and Student Health and almost all remaining welfare stations to the Jerusalem Municipality. As late as 1959 Hadassah was still responsible for 38 stations, but by 1962 the number was down to 10. Henceforth, Hadassah would focus its energies and limited resources on its special medical center at Ein Karem and the Hadassah Community Health Center at Kiryat Hayovel. Today the Health Center, affectionately called “Little Hadassah,” supports several programs in maternal and child health, including routine care of pregnant women, infants, and toddlers; prevention of anemia in pregnancy; promotion of breast-feeding; an antismoking program for pregnant women and mothers; early infant stimulation (aimed at encouraging child development); accident prevention; and kindergarten and school health programs in the Kiryat Hayovel community. The Health Center also provides a variety of adolescent health services.

Ein Karem and Mount Scopus Rebuilt

Two miles west of Kiryat Hayovel, near the picturesque village of Ein Karem, named for its spring (Ein) and vineyards (Karem) (probably the Biblical Beth-HaKarem mentioned in Jeremiah, also known as the traditional birthplace of John the Baptist), stands the

Hadassah-Hebrew University Medical Center. When Hadassah lost its hospital on Mount Scopus, it soon became obvious that its makeshift buildings on the Street of the Prophets in downtown Jerusalem would be inadequate. Never had the American volunteer women of Hadassah risen to greater heights than in their successful campaign for the construction of a new medical center in Jerusalem.

From the very beginning of the project Dr. Kalman Mann and the Hadassah administration in New York agreed that the new institution must incorporate three basic functions: service, teaching, and research. In June 1961 Hadassah moved from the temporary quarters it had occupied for more than 12 years to its magnificent new medical center in Ein Karem, certainly the finest in the region. Six years later, in 1967, the State of Israel again found itself at war with her Arab neighbors, but this time the city of Jerusalem, divided since 1948, was reunited and the remnant of Hadassah's Mount Scopus hospital came under Israeli control. Hadassah decided to rebuild and modernize the structure, and in October 1975 the hospital, three times larger than the original building, was dedicated.

Even before the first Mount Scopus medical center opened in 1939 the pediatric and obstetric departments of Hadassah's earlier hospitals worked "in close cooperation" with the health welfare stations and pediatric clinics. Indeed, the concern and care—that special interest—that Hadassah always showed for mother and child health, became an integral part of the curative services provided by its hospitals. Hadassah's public health activities and its clinical services were viewed as separate but related aspects of a progressive health care philosophy linking the preventive and the curative. A brief outline of the organization's activities in the latter area is worth noting.

Between 1939 and 1948 pediatrics plus a neonatal unit were located at Hadassah's Mount Scopus hospital. After the hospital was evacuated they were housed in the former English "Mission" hospital in Jerusalem's Street of the Prophets, and in 1961 they were moved to the Ein Karem medical center. Dr. Shimon Berman, who had been head of "Pediatrics B" on Mount Scopus and was head of

the department from 1955 to 1964, was very community-oriented and under his guidance Hadassah educated many of the physicians who became future heads of pediatric departments throughout Israel. Under the leadership of Dr. Alex Russel, from 1966 to 1980, young physicians were sent to the United States to study different areas of pediatrics and the department then developed various pediatric subspecialties, including metabolic diseases, endocrinology, nephrology, cardiology, gastroenterology, and neurology; Russel also helped develop the pediatric research laboratory. In 1980 Dr. Israel Tamir, whose specialty was pediatric nutrition, became head and in 1990 was succeeded by Dr. Shaul Yatziv. When the rebuilt Mount Scopus hospital became fully functional in 1978 it again included a department of pediatrics, and a year later a neonatal intensive care unit was added.

In 1971 the first department of pediatric surgery in Israel was established at Hadassah when Dr. Medad Schiller returned to Jerusalem from the Ohio State University Children's Hospital. By the mid-1980s a pediatric intensive care unit had been added. Today surgical subspecialties such as neurosurgery, cardiac surgery, urology, plastic surgery, orthopedics, all have a place in the department, which treats all known surgical conditions occurring in infancy and early childhood in a multidisciplinary fashion.

Like pediatrics, a department of obstetrics (together with gynecology) was part of the Mount Scopus hospital, then moved to downtown Jerusalem, and finally to Ein Karem; when the Mount Scopus hospital was rebuilt a second department was opened there. The diversity of ethnic origins, cultural backgrounds, and religions of the women who gave birth in Hadassah-Mount Scopus led the department to adopt a very liberal approach to maternity. "Natural" child birth, Lamaze, and Reed are among the range of options for labor and delivery. Fathers are encouraged to participate, and more than 70% stay with the mother during birth: breast-feeding is encouraged from the moment of birth and more than 90% of parturient mothers nurse their babies at discharge from the hospital.

At the Ein Karem medical center the department of obstetrics and gynecology, besides operating the basic delivery-maternity ser-

vices, has numerous special clinics, which include the fields of family planning, mother and child prenatal care, women's infertility, male infertility, sexual dysfunction, menopause, and others. In 1981 Hadassah's first "test tube" baby was born. Related to the health care of maternity and young children is the work of the Department of Social Services, founded in 1965. The department's Pediatrics-Obstetrics Unit deals with the social, emotional, and environmental problems of in- and outpatients at the two Hadassah hospitals and follow up on the needs of their patients within the family and the community.

The Department of Pediatric Dentistry, at Hadassah-Ein Karem, includes a program of comprehensive dental treatment for the very young or special child, as well a unit for the treatment of handicapped children. Children with cerebral palsy and mental retardation, including Down syndrome, constitute the majority of the patients. The range of handicaps is very wide, however, and includes sensory disturbances such as blindness and deafness; autism; muscular dystrophies; a large variety of congenital disturbances; medically compromised children with severe cardiac conditions; nephrotic conditions; allergies; blood dyscrasias; and children about to undergo bone marrow transplants, postleukemia therapy, and other disorders. The department also operates a dental clinic at the Kiryat Hayovel Community Health Center which also serves the neighborhood's kindergarten and school children.

One other area of Hadassah's child health work must be mentioned. More than three decades ago the distinguished Hadassah ophthalmologist, Dr. Isaac C. Michaelson, foresaw the need for an ophthalmologist specially trained in dealing with children. Professor Michaelson then initiated, under the guidance of Dr. Ilse Nawratski, the development of the pediatric service in Israel that eventually led to the formation of a Unit of Pediatric Ophthalmology. Initially, the Pediatric Service was devoted to the treatment of strabismus. However, in 1976 after Dr. David BenEzra returned from the U.S. National Eye Institute, all ophthalmic subspecialties in children were regrouped under one roof. Today, under Dr. BenEzra's leadership, the Pediatric Ophthalmology Unit works

with all ocular cases in children from birth to about 13 years of age, including problems that are birth-related, developmental, as well as those resulting from injuries. Thus, congenital cataract and traumatic cataracts, congenital and developmental glaucoma, along with congenital ocular malformations and strabismus are treated and followed up. This concept of a pediatric ophthalmology unit within a general ophthalmology department, or even as an ophthalmology service within a children's hospital, was revolutionary when it was begun at Hadassah. Nonetheless, as the tremendous advantages of this effort became obvious, pediatric ophthalmology units dealing with all ophthalmic subspecialties of the young child were established in the United States and later also in Europe.

The Mother and Child Pavilion

Currently under construction, adjacent to the Hadassah hospital in Ein Karem, is a multilevel pavilion that will provide a special environment for the sick child. Unlike a children's hospital which is self-sustaining, although frequently near another hospital, the pavilion will be an integral part of the medical center, thereby allowing for maximum use of all the latest sophisticated technical equipment. Contemporary thought that pediatric hospital care is heading in the direction of outpatient care, rather than inpatient care, was a major factor in deciding in favor of the pavilion, rather than a hospital.

The new pavilion will house Hadassah-Ein Karem's departments of Pediatric Medicine, Pediatric Surgery, the Pediatric Intensive Care Unit, the Pediatric Clinic, and Day Care. Below the pediatric wings will be the maternity section, which will have combined labor and delivery rooms, as opposed to separate labor and delivery rooms. This mother and child building will have two separate entrances: one for children and one for expectant mothers; thus on admission the expectant mother will be spared seeing sick children. The budget for the children's part of the building alone is 20 million dollars, and when completed in 1995 the Mother and Child Pavilion will join what is essentially a city of healing and medical science at Ein Karem.

Conclusion

From a modest beginning in 1913, two nurses in a health station in Jerusalem, Hadassah steadily expanded its health care programs. What started as an emergency mission to supply the rudiments of modern preventive medicine and public health, mother and child care, and health education, developed through the years into ever-more sophisticated means for providing preventive and curative medical services. Together with the Hebrew University Medical School (the director-general of Hadassah has parity with the president of the Hebrew University in the administration of the Hadassah-Hebrew University medical complex). Hadassah has been the pioneering institution for medical education in the Holy Land. Today there are some 2000 students studying in the five academic Hebrew University-Hadassah schools; more than 3000 physicians, many of them now occupying key positions in Israel's medical institutions, have graduated from the Medical School; and the 1000 alumni of the School of Dental Medicine account for a third of all practicing Israeli dentists. The Nursing School has more than 2500 graduates, and the Occupational Therapy School has some 600. The School of Public Health and Community Medicine has both an Israeli and an international program and more than 700 graduates, about 300 of whom came from 51 countries. New technology has produced immense changes in health care since the early twentieth century, but what has not changed is Hadassah's commitment. With its focus on service, teaching, and research, Hadassah, as it has done for the past 80 years, intends to continue providing practical, progressive, and innovative health care for mother and child.

Footnote on References

Data on the history of Hadassah may be found in manuscripts, documents, and records in three major archives and numerous secondary works. The archives of the Hadassah Medical Organization, located at Hadassah, the Women's Zionist Organization of America, in New York City, and the Henrietta Szold collection, in the Central Zionist Archives, in Jerusalem, are the major sources; the Hadassah

Medical Organization archives in the Driesman Library at Hadassah University Hospital, on Mount Scopus, Jerusalem, are also helpful. The life of Henrietta Szold and the early history of Hadassah are inseparably interwoven, and several books and numerous articles discuss these subjects. The two latest biographies, *Summoned to Jerusalem* by Joan Dash (New York, Harper & Row, 1979) and *Woman of Valor* by Irving Fineman (New York, Simon and Shuster, 1961) are the most comprehensive. The general history of Hadassah has been told in a popular volume by Marlin Levin, *Balm in Gilead: The Story of Hadassah* (New York, Schocken Books, 1973); and the most thorough study on the subject, for the years it covers, is the doctoral dissertation by Donald H. Miller, "A History of Hadassah, 1912–1935" (School of Education, New York University, 1968). Hadassah documents are invaluable sources for the organization's recent history; the single most helpful document, however, relates to earlier years: *Twenty Years of Medical Service to Palestine, 1918–1933*, report issued by the Hadassah Medical Organization of Palestine . . . (Jerusalem, 1939). Besides documents, interviews provided information on recent developments relating to mother and child health care and the author gratefully acknowledges the help of Professors Kalman J. Mann, Zvi Shamir, Medad Schiller, David BenEzra, Shaul Yatziv, Eliecer Eidelman, and Aubrey Chosack. For literature on the historical development of child health care in early twentieth century America, refer to the *Bibliography of the History of Medicine, 1966-*, compiled by the National Library of Medicine (Bethesda, MD). An important volume on the work of Nathan Straus is *Disease in Milk, the Remedy Pasteurization: the Life Work of Nathan Straus*, by Lina Gutherz Straus (New York, E. P. Dutton, 1917). Last, thanks to Ira Daly, Archivist at Hadassah in New York, who was ever helpful in providing copies of documents the author could not find in Jerusalem.